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ABSTRACT

Surveys on leisure and recreational patterns of mentally retarded individuals were completed by 98 parents of retarded children and adults. Results are reported, along with reviews of the literature in three general headings: (1) play in mentally retarded children under 12; (2) leisure and recreation activities in mentally retarded individuals 12 and older; and (3) the role of friendship in the lives of mentally handicapped children and adults. Section 1 reviews reasons for ambiguity in defining play, notes differences in mother and father-imitated play, and reports results for preschool and primary grade students. Section 2 notes the relative lack of emphasis on teaching leisure skills to this age group (over 12), and reveals that television viewing and music were the favorite activities of the study's Ss. Section 3 notes that common interests appeared to play a greater part in friendship than age or sex in the student sample. Reasons for lack of information on friendship patterns of older retarded persons are examined. Among conclusions offered are that friendship in the younger child is linked to play, that friendship patterns improved when Ss left school for sheltered workshops, and programs to encourage active participation in making friends are best done on a small scale. A five-page list of references concludes the paper. (CL)

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NEW THOUGHTS ON PLAY AND LEISURE ACTIVITIES FOR CHILDREN AND ADULTS WHO ARE MENTALLY RETARDED

by

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A paper presented at the 35th Annual State Convention of the Association for Retarded Citizens (ARC/Texas) at the Rodeway Inn, Arlington, Texas June 21-22, 1985.

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INTRODUCTION

Play, recreation and leisure time activities have assumed a rapidly expanding role in the lives of people in American society, according to Wehman (1979). Play is essentially an intrinsic activity that is spontaneous and voluntary, involves enjoyment and is done for its own sake (Bronfenbrenner, 1979). Recreation in the broadest sense is the wholesome and creative use of leisure time.

Play is difficult to define since it is not a specific behavior or set of behaviors. A given act may be play at one time and not at another (Chance, 1979). Self-help skills may, for example, become play if the child initiates them and they are done for fun. Play as d'Heurle (1979) points out is not so much a behavior as an attitude of mind. Similarly with recreation and leisure activities; if they are done for enjoyment, they are recreation. If they are done for a purpose or to achieve an end, the activities may not theoretically be deemed recreation. Football is a leisure activity when played for enjoyment while professional football is a way of earning a living. The same activity performed with a different attitude of mind points to the difficulty in defining and delineating what behaviors constitute play and leisure activities.

Although difficult to define, few would deny the importance of play and recreation activities. Play derives from the child's earliest interactions with the environment, and through play young children learn patterns of social and emotional behavior which promote their development as social beings (Yarrow, 1979; Ulrey, 1981). Developmental growth in many other

aspects of functioning is promoted through play as the literature amply illustrates. Recreation as the dictionary definition suggests "creates anew," refreshes and restores, physically and mentally and is an essential element of healthy happy living.

The strong influence of play on motor development has been noted by many writers (e.g. Sutton-Smith, 1971) who consider that the physical exertion that comes with play contributes to good physiological health and aids in the acquisition of perceptual motor skills. Building block towers and making mud pies involves motor activity which is enjoyable yet at the same time leads to the development of skills related to other aspects of functioning.

Many mentally retarded children are clumsy and weak, lack endurance and are poorly coordinated (Fallon and Umansky, 1985). They may be unable to engage in activities involving mastery of fundamental motor skills unless expressly taught to do so. Many retarded toddlers have the motor abilities but fail to use them in play activities. Most children develop the ability to play, to occupy themselves constructively and pleasurably during their free time. Handicapped children, however, may not learn appropriate and satisfying recreational skills unless they are taught. Similarly with some of the older mentally handicapped individuals; they may have the gross and fine motor capabilities but fail to use them in activities which would enhance motor skill development and contribute to enjoyment. A retarded person is much more likely to experience significant blocks of unstructured time throughout the lifespan (Heward and Orlansky, 1984).

Play both contributes to cognitive development and is a reflection of cognitive development (Beers and Wehman, 1985). Consequently, in children who are mentally retarded their ability to play is somewhat limited which in turn restricts their ability to profit from incidental learning and skills mastery in informal play situations. Play has been shown to have a direc relationship to problem-solving abilities, representational abilities and associative fluency (Sylva, Bruner and Genova, 1976). Play is a way of exploring a skill or information that is known a little further; it is a way of exercising newly discovered skills in different situations.

Kirschenblatt-Gimblett (in Chance, 1979) argues that there is a reciprocal relationship between play and learning. Learning leads to more sophisticated play and play provides mastery that leads to more learning. This learning results in more sophisticated play. The importance of play in promoting the cognitive growth of individuals who are retarded should be recognized, in addition to the social and recreational aspects of play.

Language development is facilitated through play and leisure activities since they provide opportunities to practice the skills of communication. When children play they need to talk, ask, question, listen and respond appropriately. Play is a context in which the need to communicate can become more evident. Children and adults who are retarded may lack some of the skills which are related to language and social interaction such as turn-taking. They may not understand some of the concepts in language (such as win-lose) because of lack of experience in playing games. Both language development and social interaction skills can be facilitated through play and leisure activities.

Social interaction is one of the most important aspects of development affected by play. Lewis (1979) states that the single most important contribution of play to emotional development involves the development of self-concept. Play contributes to feelings of self-worth and influences how the child feels about himself as a person. How the child feels about himself as a person affects whether he/she performs the actions he/she is capable of. Play may therefore be considered crucial in promoting social-emotional growth, the capacity to feel good about onself and to enjoy life.

Purpose of the study

The purpose of this study is to provide a framework for understanding the issues involved in programming play and leisure activities for mentally retarded children and adults. This was done through a review of the literature and research supplemented by two off-line bibliographic citations from MEDLARS II and the ERIC Clearinghouse on Handicapped and Gifted Children.

In addition a survey was designed to assess the perceptions of parents/guardians of mentally retarded persons about play and leisure activities. The survey examined current interests of mentally retarded children and adults at home and outside the home to determine the nature and extent of preferred activities. Specific kinds of materials most frequently used in leisure activities were identified through questions on hobbies and play. Levels of involvement were surveyed in the younger children to determine the type of play (if any) which predominated together with the

preferred toys selected. The survey also sought information on specific skills such as turn-taking and imitation which are necessary for the development of play and leisure activities.

Method of procedure

Letters explaining the survey and requesting participation were sent to the branch presidents of the Association for Retarded Citizens in Texas and to several individual A.R.C.'s with a large membership. Five or more survey forms were sent with the request that they be given to parents who would be willing to take the time to complete them. A prepaid addressed envelope was attached to each survey which could be returned directly to the authors. Additional forms were completed by parents of mentally retarded persons known to the authors.

Approximately 500 surveys were distributed of which 98 were returned. The survey in no way purports to be a random sample. Grateful thanks are acknowledged to the executive director of the Texas ARC who provided a computerized list of mailing addresses and to the Graduate Dean at East Texas State University who provided a faculty research mini-grant to defray the costs of postage and printing.

The survey forms were considered self-explanatory and no help was provided in completing the forms. One side of the form was designed for adolescents and adults over twelve and the obverse side for children under twelve. This simplification was made as a result of a pilot study done in the spring of 1984 when parents/guardians found difficulty in completing identifying information on chronological age and level of functioning, etc.

The questions used were also simplified as a result of the pilot study. Most questions were open-ended and required specific examples; very few were forced choice requiring those completing the forms to select from items listed.

Consequently the survey forms do not lend themselves to statistical analysis of a quantitative nature other than the tabulation of number of responses in various categories and the calculation of percentages. A qualitative analysis of the responses was made and specific examples of responses described in the narrative. The study consists of three parts: Part A - Play in mentally retarded children under twelve, Part B - Leisure and recreation activities in mentally retarded individuals twelve years of age and older, and Part C - The role of friendship in the lives of mentally handicapped children and adults.

Part A. Play in mentally retarded children under twelve.

Although the play of handicapped children has received an increasing amount of attention in the literature in recent years, there is some ambiguity in what is written for a number of reasons. First, as with most studies of play, there is difficulty in defining, describing and delimiting play (Reilly, 1974). Studies often refer to widely disparate behaviors subsumed under the general heading of play making it difficult to draw conclusions from the results of such studies. There is a need in research studies of play in the handicapped to specify what aspects of behavior are considered play and to describe the circumstances under which the behavior

is exhibited (Tizard, Philips and Plewis, 1976).

Secondly, the term "handicapped" refers to children who present a wide range of sensory, intellectual and physical abilities such that they in no way constitute a homogeneous group (Mogford, 1977). Even among children who share the same diagnostic label for example, such as Down Syndrome, there are contrasting patterns of behavior according to Cicchetti and Sroufe (1978) which make generalizations about play tentative at best.

Thirdly, although play has its origins in the physiological and psychological processes within the child, play is a socio-cultural phenomenon which is dependent for its expression on factors external to the child. One of these factors is socio-economic status, which as Sameroff (1983) points out, has accounted for more variance in child development than any other single factor. Socio-economic status and maternal education were found by Kopp and Krakow (1983) to be significantly related, and in a review of twenty years of developmental studies of infants-at-risk, Kopp and Krakow found these two variables to be significant predictors of long-term child development. It is possible that socio-cultural variables could be responsible for many of the characteristics reported in the play behaviors of handicapped children just as much as the physiological and psychological characteristics of the child.

Fourthly, there is an oversimplification of caregiving in the families of children who are handicapped. Research on the interaction of mothers and exceptional children tends to present the mothers as a group, reflecting a single "handicapped" interactional style (Crawley and Spiker, 1983) rather than as individuals who vary considerably in maternal behavior. Differences

in child competence may be due as much to differences in parenting as to adaptive responses to the handicapping condition (Goldberg, 1982). It would seem a reasonable assumption that differences in play behaviors may similarly be the result of differences in the interactional style of the caregiver as much as the result of developmental differences within the child.

Lastly, there is a tendency towards an idealized view of play "as it ought to be" by those who study handicapped children. Dearden (1967) finds this tendency in educational writing in general where "growth" and "play" are concerned. He considers it to be uncertain whether what is being described in children as they are, or children as they ought to be. The tendency is more pronounced in writing about handicapped persons and has given rise to the stereotype that handicapped individuals do not play, or that their play is dysfunctional because it does not conform to what is considered to be play by those who hold an idealized view of play. Rogers (1982) and Li (1981) point out that many of the early studies of the play and leisure activities of handicapped children and adults were made on institutionalized populations where it was difficult to separate the effects of institutional life from the effects of the handicapping condition on the play and leisure activities.

Characteristics of play in retarded children

To what extent does the play of mentally retarded children differ from the play of children who are not mentally retarded? Recognizing the variables previously mentioned which confound studies of play (e.g. socio-economic status and patterns of parenting), most writers conclude that

there are few differences between the play of retarded and the play of normal children. Tizard (1964) found that mentally retarded children play at a level commensurate with their mental age rather than their chronological age, and Lunzer's research supported this (Hulme and Lunzer, 1966). However, Weiner and Weiner (1974) analyzed the toy-play of mentally retarded children and found that certain types of play observed in normal children of a particular mental age were not observed in retarded children of the same mental age. Retarded children with a mental age of three, for example, were unable to combine toys into more complex uses as normal three year olds were able to do. Retarded children were able to use push-pull toys and manipulate toys, however, in ways similar to normal three year olds.

Research shows that MR children can be taught to play at higher levels, that is to say, in more symbolic ways, and in ways which facilitate social interaction (Strain, 1975). This research has given rise to directive programs of play activities which Wehman (1979) describes. He points out that mentally retarded children do not attend well nor imitate readily; they have limitations in visual tracking and searching skills and fail to learn other than in intentional learning situations. Handicapped children tend to engage in repetitive and non-functional activities with playthings and do not explore alternatives. Sheridan (1977) points out that mentally handicapped children need to be encouraged continually towards new goals or they perseverate indefinitely, gradually relax and regress.

Van der Kooj (1978) studied the play behavior of retarded children and found many play activities to be of a perseverative nature. The children were unable to make use of the possibilities inherent in the toys. They lacked a "plan" for playing and had a greater need to explore, experiment and move toys rather than use them in creative ways.

The infant who is retarded may not even show interest in toys or attempt to pick them up, push, pull or manipulate them. He/she may not be interested in any of the age-appropriate activities which go along with the toys. As babies many retarded children are reported to be unresponsive both to playthings and to persons and prefer to remain passive.

Special children require encouragement, therefore, assistance and training in order to learn how to play. Often, parents do not know how best to interact with their special child. Gordon and Schwarz (1976) report passivity in handicapped children as well as a pervading superficiality in their relationship to people and objects. Hyperactivity and "fussiness" are reported as often as passivity according to Reilly (1974), who considers that hyperactivity and passivity have a common origin.

McEvoy and McConkey (1983) comment on the meager literature that is available on the play of mentally handicapped children, especially play at home. They studied 67 families in Dublin with moderate or severely handicapped children between 2-12 years of age and found the children's play to be immotive, lacking in variety and invariably occurring within the families (i.e. the children did not have friends outside the family with whom to play).

Mentally retarded children seem to have "emptier" days both at home and in day nurseries than normal children (Phemister et al., 1978). Their study reported less social interaction and attentive play and greater amounts of inattentive handling of objects and self-stimulation.

Wehman (1979) confirms that there is little direct observational data available on children's play and leisure activities at home. He points out that a survey is the next best thing. Wehman surveyed the parents of 45 severely and profoundly retarded children to ascertain parent's perception of their child's leisure activities. The results of the 33 surveys showed that the favorite leisure activity was watching television. Passive leisure activities such as watching television, listening to the radio and looking at magazines were listed twice as much as all other activities taken together.

Texas survey of children under twelve

There were 27 responses for children under twelve, 16 of whom were boys and 11 girls. Twenty-three children were enrolled in public schools and 4 in other facilities, such as the State School and Nursery/Development Centers. Seven of the children were under six years of age, and their play and leisure activities will be described separately from the children of school age.

Preschool boys and girls.

The parents/guardians of the six boys and one girl reported that the

children played with other children but they (the parents) did not like the way the children played. The children would not take turns, preferred to play alone, would not share toys and "wanted to be asked" instead of automatically joining in play. The children were criticized for not following directions and for allowing other children to take things from them.

The preferred toys for the girl in the group was an "Annie" doll and the preferred activity was playing "mamma" with the doll and an older sister. The preferred toys of the boys (either first or second choice) was stated to be books. More age appropriate toys such as cars and other action-oriented toys were only reported twice. The preferred activities of the preschool boys was imitating activities on TV, playing racing driver, superman, doing commercials and sing-along or play-along with the characters on television. All reported that the children imitated the activities on the television. All the parents except one responded positively that they would be interested in a program to teach their children how to play. One parent specifically commented that at day-care and Sunday School where the child was with normal children, there was decreased interaction, and the parent would like to know how to talk to the day-care helpers to encourage them to involve the child.

Primary age children.

Twenty children were in this group which consisted of 10 boys and 10 girls. The median age of both boys and girls was eight. Of the 10 boys only one did not play at all, 3 played alongside other children but did not join in, 6 joined in the play of others but two of these interrupted or

disrupted play.

The favorite toys of the ten boys were basketballs, puzzles and cars. Mentioned were Fisher-Price toy dog pull toy, Etch-a-Sketch, coloring books and crayons, alphabet board, computer football, lock blocks, windmill, merry-go-round and squeaky caterpillar (this latter was the choice of an eight year old profoundly retarded child who is in a State School). Only three of the ten boys could take turns and follow the rules of the game. They were stated as having no imagination and being unable to engage in pretend play.

Of the 10 girls a larger percentage watched other children play and did not join in, when compared with the boys of the same age (5 out of 10 girls remained unoccupied, only 1 boy). Two girls would play alongside others, 2 joined in play with others and one was stated to interrupt play when playing with other children.

The girls' favorite toys were tea-sets, doll houses and dolls of all kinds. Also mentioned were pom-poms and baton, ET stuffed animals, doll carriage, chalk board, noisy colorful toys, magic markers, record player, puzzles, cards and kite. (A book was again mentioned as the favorite toy of a six year old child with the developmental level of a one-year old child.)

The preferred activity of the girls was difficult to determine since as reported, 5 of them were passive and unoccupied. TV watching was reported and also playing "mother," setting the table and having a tea party. The girls did not imitate TV apart from Michael Jackson dancing. Five could follow rules and 5 could not. The parents reported that they would like the

girls to know how to play by themselves, how to "play with dolls right" and how to do exercises and play with clay. Specific comments made were that the children seemed to lack imagination and relate only to concrete ideas or things. Nevertheless, the parents of one of the girls expressed a wish for their daughter to be in a program with normal children to go swimming and skating and improve socialization skills.

Discussion of issues and concerns

Research indicates that some handicapped children are very much like other children in the quality and type of play. The results of the survey lends support to this that some retarded children play appropriately, but others did not. Some parents were satisfied with the way their children played, others were not. This may also indicate that parents lack awareness of what constitutes "good play" in children at various age and developmental levels. The responses indicated that the majority of parents wanted to know more about play and what they could do to help their children play more creatively and constructively.

Toys that encourage child participation are more desirable than those which do not require the child to participate. Responsive toys teach a child that behavior has consequences and this is important in teaching causal relationships and giving the child a feeling of control over the environment (Lewis in Chance, 1979). As well as being responsive, toys should have complexity in use, that is to say, should be capable of being used in a variety of ways. Simple toys like a ball have considerable functional complexity (Ellis in Chance, 1979). Balls come in all textures and sizes and can be bounced, rolled, thrown, etc. It is interesting that

balls did not feature in the responses of the children under twelve, but they did to a considerable extent in the responses of the adolescents and adults reported in section B. Some of the toys were not age appropriate for the younger retarded children.

The provision of more appropriate toys and objects for mentally retarded children is not of itself enough to improve the quality of play. Good play is dependent on an atmosphere that is favorable to play, a physical and psychological environment that encourages children to play. Directing play by an adult may not improve it; it is preferable to play "with" the child and not merely direct or supervise play to result in "better" play (Chance, 1979).

The extent to which play can become "directed" is brought out by the research on differences in play by the mother and the father with normal children. The mother spends more time in absolute terms, interacting with the child, caregiving, meeting physical needs and nurturing the child. Children, however, show a more positive response to any type of physical contact from the father as compared to the mother (Lamb, 1976). The positive response is probably because fathers hold their children to play with them, proportionately more than mothers.

Some of the differences reported between the play of mothers and fathers include the following. Mother's play tends to be verbal rather than physical (Power and Parke, 1979). The mother's play repertoire is somewhat stereotyped and predictable since patterned rituals comprise a large part of the play repertoire (Yogman, 1977). The father's play is more likely to be rough and tumble (Lamb, 1976). Fathers tend to engage in bouncing and

lifting play especially with infant sons (Power and Parke, 1979). The play behaviors of fathers are more spontaneous, more unpredictable and more enjoyable.

Mothers attempt to teach their children through play (Clarke-Stewart, 1978). Eheart (1982) found that mothers of retarded children tended to dominate the play sessions more than mothers of non-retarded children. As a consequence, the children responded less frequently to their mother's initiations and interacted less frequency than the normal children in play situations.

Crawley and Spiker (1983) found wide variations in the pattern of mothering of mothers of children with Down Syndrome. These patterns were found to be strongly related to social initiative, social responsibility and play maturity in the children. The study found that a number of qualities clustered with maternal sensitivity. Sensitive mothers tended to be viewed as elaborative, high in stimulation value, expressive of positive affect and appealing by the raters. Sensitivity, elaborativeness and stimulation value were positively related to play maturity and social responsivity in the children. There was wide variation in the degree of directiveness shown by the mothers. Some mothers were highly directive while others were not.

Directiveness was not found to be inappropriate if it was accompanied by maternal sensitivity. If directiveness is intrusive and takes no account of cues from the infant, then an unsatisfactory pattern of interaction is set up. Field (1977 and 1979) in studies of high-risk infants found that over-stimulating interaction without reciprocal response from the infant leads to reduced activity on the infant's part. This results in a cycle of

greater activity, directiveness and intrusion by the mother and a further reduction of activity by the child. Less enjoyment results from the mothering and the infant becomes less competent. It is possible that this is what occurred with the children who did not engage in appropriate play.

Parents seem to be aware of the importance of models of good play and of the necessity for their children to interact with children who are not retarded. There is considerable literature and research on the integration of handicapped and non-handicapped children. Gresham (1982) among others concludes that integration does not necessarily result in acceptance of retarded children by non-handicapped peers. (Social interaction will be examined more fully in section C on friendship.) Research does support the use of peers for improving play skills in mentally retarded preschool and school age children. Peer initiation tactics offer a promising strategy by which to promote constructive interaction and play skills (Strain et al., 1977). Strain and his colleagues trained non-handicapped preschoolers to expect rejection and no response but to keep on initiating play with handicapped preschoolers, and this was effective in increasing play activities.

Lancioni (1982) found normal children to be effective in teaching social responses to mentally retarded peers which generalized to cooperative play. Wehman (1979) provides many examples of the successful improvement of play and social skills through the use of peer training. There is need, as previously pointed out, to make the normal children aware of the special characteristics of the handicapped children, i.e. gaze aversion when using peer training. Sinson and Wetherick (1981) observed Down Syndrome children integrated in a normal playgroup and found that although the children were

capable of all the play activities engaged in by the non-handicapped children (they had been trained to play), the normal children gave up on trying to play because the Down Syndrome children did not look at them. They took this as evidence of a desire to avoid interaction and should have been told to persevere.

Many implications follow from the studies of play in the mentally retarded.

(1) Research clearly indicates that children who are mentally retarded can play. Their play will be at a level appropriate for their mental age, not their chronological age.

(2) The development of play behaviors progresses through similar stages to those observed in children who are not retarded. The survey found the play of the school age children to be at an earlier level developmentally but appropriate for their mental age.

(3) Some retarded children do not play at a level appropriate to their mental age. Factors other than mental retardation per se contribute to the difference or deficit in play behaviors.

(4) One of the factors affecting play is the pattern of interaction between the child and the caregiver. Parents need to recognize the importance of playing with their child. It is understandable that they do not view play as an area of primary concern; yet ultimately, other aspects of development may be inhibited by lack of play skills.

(5) The first year of life is important in establishing patterns of interaction which influence subsequent social-emotional development. Teaching the child "to want" to play because it is enjoyable is as important as teaching the child "how to" play.

(6) The child must feel that playing is enjoyable for the parents and not another "chore" that has to be done. The baby needs to enjoy play with both parents.

(7) Parents should be aware of the resources available to help them with their special child (e.g. Project ABC-All Babies Can). Toys which are more appropriate for special children should be identified (e.g. Resource list appended). Books which provide specific strategies for fostering play in handicapped children need to be available (e.g. Carol Tingey-Michaelis "Handicapped Infants and Children" University Park Press, 1983).

(8) Educators need to recognize that play is an excellent means of teaching many of the skills on which other aspects of development are dependent. There is more enjoyment and more merit in teaching play and social behavior than in teaching a watered down academic curriculum.

(9) Play is so varied and ideosyncratic that it is preferable to foster small groups to discuss effective practices and appropriate toys, games and strategies, rather than trying to develop a statewide program.

(10) There is need for greater recognition of the importance of play by professionals, parents, educators and all who work with handicapped children. The quality of life is enhanced by play as much as by other habilitative measures.

Part B. Leisure and recreation activities in older mentally retarded children and adults.

Although considerable effort has been expended on teaching work skills to mentally retarded persons, relatively little time has been devoted to the teaching of leisure skills, according to Jeffree and Cheseldine (1984). This may not be the case for those mentally retarded persons who are enrolled in school programs and receiving services mandated by Ph. 94-142. A variety of programs to teach recreational and leisure skills have been developed in recent years and have become a part of rehabilitative programming (Wehman, 1979).

For the older handicapped individual who is not in school, appropriate recreational and leisure time activities do not come easily (Heward and Orlansky, 1984). In some rural communities there may be few activities available and those that are available may not be attainable by the adult retarded individual for a variety of reasons. Most often reported is lack of transportation. In many suburban areas which do not have public transportation, the only means of access is by car. Furnishing a means of transportation is one of the first considerations in providing recreation

and leisure services for older individuals within a community. The mentally retarded are no exception.

Secondly, the leisure activities which exist may not be suitable for the handicapped person who may lack the skills and abilities to play the game or perform the activity to a standard of proficiency that is acceptable and appropriate.

Thirdly, some community based activities are group based and lack of skill and lack of friendship with others with similar interests often prevents the retarded person from participating. (The role of friendship will be considered in section C.) There are many activities which do not require a considerable degree of skill (e.g. sitting in the park), yet to do this one needs to be able to get there, and enjoyment is enhanced if there are friends with whom to share it. The opportunity for getting to know others is limited.

Communities are beginning to recognize the need for access to recreation and leisure activities by older persons and special groups. Many communities since the 60's have had recreation programs and centers which provide activities for all citizens of all ages. Some communities provide therapeutic recreational facilities for the mentally retarded, physically handicapped and other special groups of individuals (Heward and Orlansky, 1984).

The Special Olympics is another source of recreation. It is a program especially for the mentally retarded which is operated in 40 countries for over one million participants. Mentally retarded individuals 8 years old

and older are eligible to participate and there is no upper age limit. Like the Olympics, an International Games is held every four years with participants from member countries. Within the United States which originated the Special Olympics, the organization provides year round activities for those who belong and is staffed by volunteers.

Athletes are grouped according to age and skill level as in other organized sports programs, and the games provide a source of year round recreation and leisure activities. The Special Olympics is not without its critics. Evans (1983) considers the scope of activities to be too narrow. Mentally handicapped people can do a great deal more than run, jump and throw things, according to Evans. He considers that if these skills are not examined in natural settings (e.g. schools and work places), the formats take on the quality of "degrading little sideshows." Whatever the merits and demerits of organized demonstrations of skills in any area of activity and with any group, organized programs do provide an option for the creative use of leisure.

There is some evidence from the literature that while the mentally retarded adolescent is in school, some access to recreation and leisure activities is available, though the extent to which the young person participates is not known. Researchers have found that when the mentally retarded young person leaves school, they do not participate as much in recreation and leisure activities. Graduation from school marked the beginning of a life of relative isolation from peers and segregation from the community at large, according to Stanfield (1973).

Other researchers in other countries have found that mentally retarded

adults do not generally participate in community, social and recreational activities in their free time (Katz and Yekytiel, 1974; Luckey and Shapiro, 1974). Studies suggest that as many as 50% of developmentally disabled adolescents and adults never leave their immediate neighborhood to travel or participate in community functions. The most commonly cited forms of leisure time activities are watching TV, listening to the radio and occasionally attending movies with family members (Wehman, 1979).

Texas survey of retarded adolescents and adults

Seventy-one surveys were received from parents/guardians of mentally handicapped persons over twelve years of age. Thirty-four of those in the survey attended public school, 25 were in sheltered workshops and 12 were in other facilities which included the State School and the Research and Development Center at a regional university.

The median age of those attending school was 17, the median age of those in sheltered workshops was 28, while the age range of those in the other facilities was 23 to 59.

Of the 34 public school respondents, 21 were females and 13 males. There were 14 males and 11 females in the sheltered workshops, and 7 males and 4 females in the other facilities. The distinction between the groups is difficult to justify since some of the clients were in school and attended sheltered workshops during school hours while others were in school during the academic year and were placed in the workshop in the summer. Other facilities were not clearly delineated from sheltered workshops so that there is some overlap between all three groups. Nevertheless, the data

will be described separately for public school, sheltered workshop and other facilities, rather than by age groups.

Public school MR adolescents

The present study found watching television to be the favorite activity of the girls in school followed by listening to music. Only one of the 21 females surveyed chose playing with video games as preferred activity and one "looking at books and magazines."

Outside the home the activities mentioned most frequently were swimming, bowling and basketball (part of the Special Olympics). Several respondents mentioned the monthly dance arranged by the local ARC, one listed Girl Scout activities and one the YARC. Two girls showed shopping and two named visiting friends as their favorite activities.

The parents saw their greatest area of need for the girls as physical fitness activities, gymnastics, social and dancing activities. They felt there were too few scouting activities and would like community based organizations like the YMCA and YWCA to offer activities for the mentally retarded. More opportunities to meet normal children of their own age was stated as a need and the opportunity for one-to-one interaction to promote friendship was mentioned.

The favorite activity at home of the 13 boys who were at school was listening to tapes, records and cassettes as their first or second choice. Only 6 listed watching TV as their first choice. Four boys played video games and the choice of activities was more restricted for the boys than the

girls. One boy listed working in the shop with his father and tending to the yard and his garden as his preferred leisure activity.

Outside the home the activities were again more restricted for the boys than the girls. Bowling in the ARC [illegible]e and basketball was listed, going to the movies, watching sports but not participating in sports. The greatest area of need was seen as an after school center with realistic activities for older retarded students and social leisure activities by 50% of the respondents. The other 50% did not respond.

Adolescents and young adults in sheltered workshops

There were 14 males and 11 females in the sheltered workshop group. Of the males, 11 out of 14 listed watching TV and listening to music (the louder, the better) as their preferred activity. One gave latch hook activity as the favorite activity at home, one respondent enjoyed rocking and sitting on the front porch, and one enjoyed books.

Outside the home the young men enjoyed eating out, movies, wrestling matches and visiting relatives. These activities were listed most frequently followed by participation in the Special Olympics (bowling) and the regular men's bowling league. Two listed fishing (when time and place allowed), and two showed the special population dance as their preferred activity.

Five did not respond to the question on their perception of the area of greatest need. Nine mentioned the need for a physical fitness program, and one stated the need for knowledgeable people to implement leisure programs

and direct activities. One of the surveys mentioned the need for better advance publicity for events arranged by the local ARC, so that families could plan accordingly. Males do not appear to be as involved as the females in a range of activities, and their parents do not appear to be as concerned as the parents of the females about the availability of social activities, as may be seen from the following responses.

The eleven females from sheltered workshops listed watching TV or listening to music and tapes as their first or second choice, the same as the young men. In addition however, they showed involvement with other activities such as cross-stitch embroidery, playing and games, doing puzzles, coloring and writing, talking on the telephone, hooking rugs, painting, latch hook work, taking care of pets and cutting pictures from magazines of people on television. It was stated that those who did crafts needed direction and help, so that the young persons involvement may also be a measure of the greater involvement of the parents/guardians of the adolescent and young adult females who are mentally retarded.

Outside the home the preferred activities included going to church and participating in church activities, visiting, shopping and community events. Only 3 out of 11 participated in the Special Olympics. Only one young female enjoyed helping in the house with cleaning and folding clothes. The greatest area of need perceived by the parents/guardians was for association, interaction and inclusion in the activities of normal young people in the community.

Mentally retarded adolescents and adults in other facilities

As previously mentioned, the age range of the 11 clients in other facilities was from 23 to 59 years. The preferred leisure activity of the seven males was either playing the stereo and listening to music or watching TV. This was also shown as the preferred activity of the 4 girls. Also listed for the men was walking around and talking to other residents, eating, shuffling cards, watching cooking classes on television, playing dominoes and looking at magazines.

Several of the men used household equipment (vacuum cleaner) and sports equipment, and five out of the seven enjoyed video games and activities. Only one of the four women used household equipment, 3 looked at books and magazines, 3 showed playing with puzzles as their preferred leisure activity at home. The range of activities was limited.

Outside the home the favorite leisure activities were shown as going to work and visiting relatives, keeping up with local Trailways bus schedules, going out to eat or for a coke treat after football games, visiting stores, walking through the pasture with someone taking the lead and bowling.

For the girls the range of activities involves going shopping, bowling, floating in swimming pool, going to church, and attending basketball games. The greatest need perceived by the parents/guardians responding was staff to work with the retarded clients, "people who have the time and patience to coordinate activities." There was a request for exercise programs to encourage more physical activity. For the females, mention was made of "more opportunity to socialize with someone who will listen and encourage her in combing her hair, more girl talk and just be her friend."

Discussion of issues and concerns

The mentally retarded adolescents at school spent much of their leisure time at home watching television and listening to music. In this respect they would seem to be no different from their non-retarded peers who spend many hours each day in watching TV or listening to music on tapes and the radio. Viewing patterns vary considerably from individual to individual as well as from day to day. Nevertheless, some general patterns can be discerned. Children under six watched television an average of 26 hours per week, children 6-12 watched an average of 25 hours per week. Teenagers and working men and women under 55 watched less time than children. Non-working women over 18 and men over 55 watched more television than children. (National Science Foundation Research Report, 1983).

The difference may lie in the limited range of other activities in which the adolescents engage in their leisure time. Tentative conclusion warranted from the survey is that retarded adolescents over 12 do not engage in as many activities in the home as the children under 12. They are not as involved in Special Olympics as the younger children, and participation decreases as the young retarded individuals get older.

Females showed greater involvement in play, recreation, leisure and social activities than the males within all age groups examined. They were also more concerned about social interaction than the males.

Jeffree and Cheseldine (1984) surveyed the parents/guardians of 214 severely mentally retarded young people in Great Britain and found that

their activities outside of the school environment were very limited. In part this was a reflection of the limited social and leisure skills of the retarded as well as of limited opportunity for the young people to interact with others of the same age. A pilot study was carried out to teach the retarded adolescents the skills necessary to play simple table games. These skills were found to increase social interaction with peers and siblings, gave the young people a needed source of exercise and provided greater options for the use of free time.

Stanfield (1973) interviewed the parents of 120 graduates of classes for the moderately (trainable) retarded in a large Southern Californian metropolitan school district. Information was gathered on how the adolescent occupied his time at home after graduating from school. Most often mentioned were solitary activities such as watching television, listening to music and looking at magazines. The present study also suggests that as the mentally retarded individual gets older, activities are more often solitary than in company with a friend, and fewer activities are engaged in than when at school.

Stanfield reported that the most frequently mentioned activity outside of the home was going to the neighborhood shopping center or walking around the neighborhood. The present study found visiting, shopping and family related activities the preferred activity of the older adolescent females but not as much for the males. There was little mention of independent walking but some bicycle riding. The degree to which the adolescents went anywhere unchaperoned may be deduced from the comments of the parents. Several expressed a wish for activities to which the young person could go independently of parent or guardian involvement. Realistically however,

this is impossible unless there is some means of transportation or the activity is provided within walking distance.

Reiter and Levi (1981) conducted interviews with 44 mildly and moderately retarded adults in Israel about their leisure activities and compared these to the activities of non-retarded adults of about the same age. Significantly less involvement in some activities outside the home was found for the retarded adults. The activities less well attended were theater, light entertainment/nightclubs and weekly cinema performances. No significant differences between the two groups was found in participation in sport, taking trips or visiting public parks. No differences were found in occasional attendance at community centers. However, when MR individuals visited community centers, it was to participate in activities designed specifically for them; they did not attend general community activities.

The activities engaged in most often at home by the non-handicapped adults in Israel were visiting friends and reading books. The retarded adults visited family and relatives to the same extent as the general population. There was a significant difference between the two groups of adults in terms of visiting and receiving friends. The retarded adults had few friends of a similar age and had difficulty in spontaneously meeting friends. The study of retarded adults in Texas supports this finding that most of the visiting was with family members and relatives and the problems inherent in making friends will be described in section C.

It is interesting that watching TV was not found to be a preferred leisure activity of either the retarded or the non-retarded adults in Israel. This is because Israeli television transmissions are limited to

only a few hours a day, and there are no transmissions on Saturday (the sabbath day) and holidays. The amount of time spent watching television in the Texas study appears to be a function of the availability of television programming and is little different for the retarded adult and the non-retarded adult. The difference may lie in the range of other choices available to the non-retarded adult.

Beck et al. (1977) in Canada found that the pattern of leisure activities for retarded adults was similar to that for the non-retarded population, but the non-retarded adult was found to have other options for using their leisure time which the retarded adult did not. The non-retarded adult had friends with whom to share leisure activities, while the retarded adult did not. The problem may therefore revolve not so much around how much time is spent on specific leisure activities or indeed what they are, but the extent to which they are satisfying.

Gozali and Charney (1972) surveyed 26 educable mentally retarded individuals one year after the termination of their involvement with a work adjustment training program. The study indicated that most of the young people were doing well in their job placements. Not a single person, however, participated in any leisure or recreation activities within the community. The authors of this study concluded that the educational program had successfully taught the skills necessary for vocational adjustment, but not the social skills necessary to improve the quality of life during and after work.

Wehman (1979) describes the somewhat limited efforts made so far to reach social skills to retarded individuals, skills necessary for the

individual to participate successfully in dances, social clubs, parties and field trips, etc. He mentions the focus of some programs on teaching more effective interpersonal communication skills and considers that these should facilitate successful participation in social activities in the home community. In the Texas study specific mention was made of the inability of some of the clients to make themselves understood. The retarded individual liked to talk but could not make himself understood, so that establishing any friendly relationships through conversation was difficult.

Evans (1983) describes the communication behavior of many non-retarded individuals when talking to a handicapped person who, for example, has an articulation disorder. He points out that rarely do they ask the retarded individual to repeat himself and non-handicapped persons always answer as if they understood. This causes confusion for the retarded person who gets answers to questions that were never asked. Communication problems arise therefore, not only from lack of social interpersonal skills on the part of the mentally retarded, but also because of lack of understanding on the part of many non-handicapped.

One of the problems which will be dealt with in section C on making friends is that often, retarded persons do not have much to talk about. Evans (1983) considers that this problem stems not so much from the handicap as from the fact that the retarded do not have as many experiences about which to talk. There seems to be a vicious cycle which must be broken. Retarded adolescents and adults do not engage in as many recreation and leisure activities as non-retarded persons because they lack the skills. Skill development, however, is facilitated by engaging in those activities. It would seem that there is a need to provide the experiences and teach the

skills at the same time.

Wehman (1979) in his book, "Recreation Programming for Developmentally Disabled Persons", provides one of the most comprehensive reviews of programs, practices, activities, etc. and provides direction for future efforts. He points out that although recreation specialists have attempted to meet the needs of the developmentally disabled through a variety of programs, controversy exists as to whether the programs should be completely integrated or whether there should be special programs within the community for handicapped persons. The probable answer is that there is a need for both types of programs. As proficiency improves the mentally retarded individual can participate with peers in the community as the present survey showed. After bowling consistently with the Special Olympics, one respondent also played in a men's bowling league. The degree of proficiency is not dependent solely on the intelligence level of the individual but also on other factors including experience and practice.

Greater self-esteem can result from involvement in programs of recreation and leisure activities (Seaman, 1975). Pumphrey et al. (1970) tried to determine the type of individual who would succeed in a community program. The study found that 31 of the 41 developmentally disabled individuals who participated in the program were judged as doing satisfactorily or well. Those who were judged as obstructive to the program were overactive adolescents in the low functioning range of intellectual ability. The relationship between self-esteem, self-concept and level of functioning is complicated, but participation in recreation programs can improve the self-esteem of those who engage in them.

Although most communities accept responsibility for providing services to the handicapped, in practice however, the services offered vary considerably from one community to another. Hayes (1969) and Edginton et al (1975) found that lack of funds, inadequately trained professional personnel and lack of awareness of specific needs prevented implementation of services. So that in reality, much remains to be done to improve the quality of life of older adolescent and adult retarded individuals.

Several implications follow from the foregoing:

(1) Mentally handicapped adolescents spend as much time watching television and listening to music as their non-retarded age mates. Unlike their non-retarded age mates, they do not have as wide a choice of options of recreational activities outside the home, so that it is not clear whether their passive leisure activities are as satisfying to them as to those who engage in them from choice.

(2) While they are at school adolescent boys and girls have a wider range of interests and pursuits than after they leave school. Girls have a wider range of interests than boys. There is a need for schools to foster interest in hobbies, leisure and recreation activities and teach the appropriate skills to engage in these. These need not be group based but may be individual.

(3) There is a need for greater participation in arts and crafts. Many groups exist such as Adult education classes, church clubs and local craft guilds which foster interest in arts and crafts.

Many parents are unable or unwilling to teach these skills to their handicapped child. Other parents need assistance in teaching the skill to a higher standard of proficiency. Many senior citizens have the skills and the time but may not know how to work with handicapped young adults. There is a need for groups to sponsor activities which would be beneficial to both senior citizens and the mentally handicapped.

(4) There is a wide range of leisure activities available in the community, yet the handicapped person is denied access for lack of transportation. Participation by groups of local volunteers should be encouraged as these groups are more flexible, more informal and more likely to produce positive social interaction than large scale impersonal arrangements. Cooperative car-pooling arrangements may help minimize the family's involvement, provide the young retarded individual with a greater degree of independence, and the opportunity to know others outside the family.

(5) In the absence of social clubs an informal meeting on a periodic basis (such as that described by Fullwood in "Texas Talk," Fall 1984) is a way of providing the opportunity to meet others and socialize.

(6) Limited resources are usually directed towards essential areas such as vocational training, community homes, etc. There should be greater recognition of the importance of improving the quality of daily living through the creative use of leisure. This

conference provides an outstanding example of an activity to improve understanding among parents, professionals and others concerned about retarded citizens.

Part C. The role of friendship in the lives of mentally retarded children and adults.

As the developing child grows and matures, he or she begins to become interested in other children (Bailey and Wolery, 1984). During the first year of life, the child who is developing normally is interested in other children, and the way in which the children relate to each other plays a major role in shaping behavior and attitude.

Friendship in pre-verbal children is not the same as frienship in older children. Toddler friendship may be defined as a relationship characterized by proximity seeking, sharing, positive affect and play (Foot et al., 1980). Parten's original research in 1932 on types of play has been a standard for describing social play and evaluating social interaction in very young children. She suggests that the child's play may be unoccupied, solitary or independent of others, onlooker, parallel activity, associative play and cooperative play with others.

Handicapped infants are often described as not getting along well with other babies. They may hit or bite other children, take toys away from younger children or disrupt the play of other children (Tingey-Michaelis, 1983). As pointed out in the section on play, handicapped children are

often more interested in watching play than in participating in it, and consequently they do not hold much attraction as potential friends. Children are attracted to other children who have something to offer.

The social-emotional development of children who are mentally retarded has long been shrouded in ignorance (Evans, 1983). The recent work of Guralnick (1981) summarizes a considerable amount of data and confirms that handicapped children lag considerably behind normal children in peer-related social development compared to what might be expected from their developmental levels. That is to say, their social-emotional development does not correspond to their mental age. Also, the severity of handicap appears to be correlated more strongly with delays in peer-related interaction than with any other factor in the very young child. (This is not the case with adult retarded where peer interaction is not related solely to level of mental development.)

The stereotype of the simple, happy, uncomplicated retarded child is often untrue. Menolascino (in Evans, 1983) points out that children with Down Syndrome are particularly susceptible to such labelling because of their cherubic facial features. Although some of the children with the syndrome are frequently cheerful, the opposite is often the case. The retarded child does not spontaneously attract friends, in fact the reverse may be true.

Evans (1983) points out that with older retarded children, all but the most oblivious must be aware of some all-encompassing difference that sets them apart from everyone else. He describes the different tone of voice used with mentally retarded children, speaking with an artificial levity,

with awkward solemnity or (with older retarded persons) using a patronizing tone. This makes friendship relationships difficult to develop and sustain.

Younger retarded children may not have the motor abilities to keep up with normal children of their own age, while by very definition they are retarded in cognitive abilities. However, if retarded children play with children at their level of cognitive development, they are physically much bigger.

Evans (1983) points out that a similar stereotype exists with older retarded persons; instead of assuming that they are all cheerful and happy, there is a tendency to attribute a low degree of emotional affect to handicapped persons; to see them as lacking in feelings. Retarded children and adults do have feelings and they need friends to reduce the boredom, loneliness and isolation that is common to many of them. They need friends as much if not more than normal children and adults need friends.

Texas survey of children under twelve and children over 12 attending public school.

In spite of the foregoing comments the study found that the children under 12 in the survey were reported as having friends. Of the 7 preschool children, only one male was stated not to have a friend. Of the six children who had friends, three friends were from family members (cousin, brother, etc.) while 3 friends were persons from outside the family of the same age and the same sex.

More girls than boys between 6 and 12 reported having friends. Six of

the ten girls had friends, 4 of whom were family members and 2 were outside the family. Of the ten boys aged 6 through 12, only 4 reported having a friend and these were family members (biological father where mother had remarried, cousin, etc.) The friends of the 4 boys were of the same sex, whereas the girls chose friends of both sexes.

In the present study over half the adolescent females over 12 who were in school reported having a friend, while only 38% of the males had a friend. Unlike the younger children more of the friends were outside the family. Of the 16 adolescents who had friends, only 2 friends were reported to be family members. The adolescent males chose males who were slightly older than they were, while the girls' friends were mixed, both male and female of whom half were older and half were younger. This would seem to suggest that common interests play a more important role in friendship than age or sex.

The results of the survey for the younger children are similar to those of Wehman's (1979) study of 45 families. Of the 33 who responded, 27 did not play with neighborhood children, only six did, while 10 played with brother or sister regularly. These choices of play partner tend to be used as an indication of having a friend, a friend being someone with whom one plays.

Friendship, interpersonal attraction and liking others is determined by an individual's history of reward/reinforcement in the presence of particular individuals (Cooke and Appolloni, 1976). What is rewarding or reinforcing is the other person smiling, providing positive comments, or sharing toys. Children who are retarded do not spontaneously engage in

these skills, but they can be taught to do so. Cooke and Appolloni taught school age mildly handicapped children to smile at each other, to share toys, make appropriate physical contacts and engage in complimentary comments. This behavior generalized from the classroom setting to free play periods, and other untrained subjects began to join in the same behaviors.

Research has focused on many aspects of friendship and some are helpful when working with retarded children. Studies have identified what makes a good friend. Ladd and Emerson (1984) found that friends develop shared knowledge by observing each other in common activities and mutual relationships. Friendship is formed by partners who discover a high degree of concordance between them and are mutually attracted. However, partners who discover interpersonal novelty or dissimilarity become friends also (Bigelow and LaGaipa, 1980).

This concept of liking others because they are like you or liking them because they are not like you led Selman (1980 and 1981) to consider stages in the development of friendship. In stage 1, ages 4-9, a good friend is more likely to be someone who is similar. The child uses self as standard to evaluate the other child's characteristics. Someone who likes to do the same things and has similar interests is more often chosen as a friend.

In Selman's stage 2, age 6 through 12, children are better able to transcend self as a referrent for evaluating the other child as a friend and can consider differences or criteria that do not correspond to self.

Strain (1984) found that non-handicapped preschoolers exhibited stage 1 behavior and tended to select other non-handicapped preschoolers of the same

age and same sex as friends. Some non-handicapped preschoolers did select handicapped children who were older than they, more advanced cognitively than other handicapped children and of the same sex.

The development of peer-related social behaviors is constrained, in large part, by the skills of playmates (Guralnick, 1981). If retarded children are not chosen by non-retarded children, the opportunity for developing friends (as well as for peer training of skills, previously mentioned) is reduced. The integration of handicapped and non-handicapped children in preschool settings has met with ambivalent results. However, it is encouraging that toddler programs on a one-to-one basis can prove successful in developing friendship (Press and Greenspan, 1985).

The Press and Greenspan study also postulates a "stage theory" for the development of toddler friendships. They consider that if adults are sensitive to the role of attraction in young children's social overtures with peers, then they will notice and encourage the child's choice. They will try to explain one child's behavior to the other child, "He's not trying to hit you, but pat you." They will not belittle or dismiss humor as silliness but recognize it as part of the friendship relationship and foster it.

Rubin (1983) elaborates on the complex nature of friendship and of the social abilities involved. These elaborations are very helpful in working with preschool retarded children. The first skill is knowing how to gain entry into group activities. The child needs a repertoire of tactics for joining groups together with some idea on when and how a certain ploy can be used effectively. In addition to entering the group, the child needs to

have the ability to be a friend, "something to offer." Hartup et al. (1967) found that after the first year of life (when likeability and attractiveness were important), the children whom classmates enjoyed playing with most were the ones who paid them most attention, praised them, showed affection and acceded to their requests. Many children who are retarded particularly girls exhibit these characteristics and given the opportunity do make friends. For others who do not, they should be the focus of social-skills training programs.

Rubin (1983) points out that the skills involved in making friends in normal children are subtle skills, and he questions whether programs of skill training really help children develop the capacity for friendship or whether they develop some "ideal of glib sociability and congeniality" which has little to do with friendship. He also questions whether it is ethically acceptable to impose social skills training on children who have little choice in the matter and who may not want to be changed into "friendlier" people.

The same considerations apply with greater force to children who are mentally retarded. Should they be programmed to be more agreeable, more congenial, to conform to outward conventions in social interactions? Rubin concludes that with non-handicapped children, social skills training increases the child's degree of control over his/her own life and gives them a wider range of options. The same is true of mentally retarded children. Teaching them skills that may result in them being more friendly and responsive, may result in more positive social interactions which result in friendship.

Texas survey of adolescents and adults in sheltered workshops and other facilities

Thirty-six responded to the survey of whom 21 were males and 15 females. Twenty-five males and females were in sheltered workshops and 11 males and females in other facilities.

The friendship patterns of the 25 individuals in the sheltered workshop was as follows. Both the men and the women reported having friends (12 out of 14 for the males and 9 out of 11 for the females). The friends reported by the males were consistently older. Some of the older men friends belonged to the same church or were directing the facility the client worked in, so that it seems reasonable to conclude that they were caring adults who took such an interest in the retarded person that they were perceived as best friend. Some of the surveys pointed out that the individual named was the only friend, so the importance of "knowing" someone outside the family is considerable.

The women's friendships were mostly of the same sex. Half of their friends were older and half were younger. All were named and were contemporaries. Whether they were peers from the workshops is not known, but strong patterns of friendship were established and maintained among the women working in sheltered workshops, more so than among the adolescent and young adult girls who were at school. The mean age of those in the workshop was 37 compared to a modal age of 17 for those at school.

There were 7 males and 4 females in the other facilities and the age

range was 23 through 59. Only 3 of the seven males responded as having a friend. Two of these friends were of the same age and the same sex, while one was an older male friend from church. Three out of the four females in the survey had a friend. The three friends were women friends, one was the same age, one was an elderly woman friend and the other a young high school student who drove her friend who was retarded to various functions. (It is interesting that the person who responded for the remaining woman stated that she did not know if her 25 year old low functioning retarded daughter had any friends.)

Evans (1983) points out that retarded people can enjoy each other's company, and the survey supports this. He urges more activities for older persons without someone planning all their time for them or watching every move. Many retarded youth and adults are demeaned and inconvenienced by too much supervision. The increased participation by adults in their own affairs in recent years is a healthy trend.

Discussion and concerns

The friendship patterns of older retarded persons is not well documented in the literature for a number of reasons. Comparatively little is known about the social-emotional adjustment of older retarded persons since prior to the normalization trend in the 70's, most were placed in institutions. Of those who remained in the community, they blended in with the older persons in general, and little data existed until recently on the social-emotional status of older persons.

The ability of residents in institutions to form and maintain

friendships was affected by a variety of factors including lack of stability in the residential environment. Residential institutions had a rapid rate of turnover of staff members (Evans, 1983), so that constant adjustment had to be made to new personnel. There was constant movement back and forth between institutions and between institutions and community-based residences, according to Coffman and Harris (1980). This constant shifting contributed to feelings of impermanence, anxiety and helplessness, according to the same authors. These feelings would not seem to be conducive to the establishment and maintenance of long-term interpersonal relationships.

The death rate among older retarded persons is higher than that for the general population, so that when friendships exist, they may be terminated more frequently than among persons who are not retarded (Richards, 1968).

Nevertheless, many adults, even when severely handicapped, have had friendly dyadic relationships. Landesman-Dwyer et al. (1979) studied the social behavior of 208 mentally retarded residents in 18 group homes to determine (among other things) the extent that environment and individual variables affect affiliation and friendship. The study found affiliate behavior to be related more to the size of the group home, the homogeneity of the residents' background and commonality of interests rather than to intelligence and gender. Residents in large homes affiliated more extensively than those in small homes. If small homes contained residents with a similar background, intense family relations were as likely as in large homes.

The Landesman-Dwyer study confirmed the findings of earlier studies by Birenbaum (1975) who found that retarded residents tended to socialize in

small groups and to interact mostly with others whom they had known previously in state institutions. Sackett and Landesman-Dwyer examined peer relationships among retarded adults and found that residents in smaller group homes (6-9 residents) spent less time in dyadic peer interactions, associated with fewer peers per day and had a lower probability of having mutual "best" friendship than did residents in larger homes (18-20 residents).

The tentative conclusion is that the environment is an influential determinant of social behavior and exerts a greater influence than the intellectual ability of the residents. Friendship is dependent on common interests more so than on common ability levels (i.e. you choose friends because you like them not because of their intellectual ability). This means to say that knowing a person's level of intellectual functioning does not help predict how extensive or intensive the social affiliations of that person will be.

It would seem that friendship in mentally retarded adults is similar to friendship in general, based on compatibility of interests and affirmed over a period of time by sharing and mutual understanding. This friendly social intercourse was seen as a higher type of friendship by Aristotle who considered that there were three levels of friendship. The first level was friendship based on the provision of material assistance (utility), the higher level is the one described (pleasure), and the highest level is founded on love for the other and not for self (ideal).

Some tentative conclusions seem justified:

(1) Preschool children who are mentally retarded do have the capacity to form friendships. This capacity should be nurtured by those who work with them. Parents and professionals should help children develop friendly relationships with peers to whom they may be attracted.

(2) Primary age retarded girls had more friends than boys of the same age. 60% of the girls had a friend.

(3) Friendship patterns decrease as the children progressed in school. Only half the MR girls over 12 in school had a friend, while less than half (38%) of the boys had a friend. This might indicate that schools should pay more attention to peer relationships in special education.

(4) When the young people left school and were placed in sheltered workshops, friendship patterns improved. For the older clients in other facilities, the opportunities to form friendships were restricted. It would seem that opportunities for social interaction and the formation of friendships is affected by the community in which the person lives.

(5) Friendship in the younger child is linked to play. More involvement in play activities and "better play" provides greater opportunity for making friends. With older retarded individuals, the importance of friendship should be recognized. Friendships can be shared other than through recreation and leisure activities, but these nevertheless offer a viable means initially

of fostering friendly relationships.

(6) Programs to encourage active participation in "making friends" are best done on a small scale. Matching individuals with similar needs on an ad hoc basis and working one-to-one may be better than large scale programs which tend to be somewhat artificial.

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